

**DEPARTMENT OF THE NAVY**  
**Office of the Chief of Naval Operations**  
**Washington, DC 20350-2000**  
**and**  
**Headquarters**  
**UNITED STATES MARINE CORPS**  
**Washington, DC 20380**

**OPNAVINST 6440.1B**  
**OP-093**  
**CMC-MED**  
**1 August 1991**

**OPNAV INSTRUCTION 6440.1B**

**From: Chief of Naval Operations**  
**Commandant of the Marine Corps**  
**To: All Ships and Stations**

**Subj: MOBILE MEDICAL AUGMEN-**  
**TATION READINESS TEAM**  
**(MMART) PROGRAM**

**Ref: (a) BUMEDINST 6440.2 (NOTAL)**  
**(b) NWP 6 (Rev. C), Chapter 4**  
**(c) FMFM 4-50**  
**(d) Joint Travel Regulations,**  
**paragraph M3004**  
**(e) OPNAVINST 1000.16G**  
**(f) Title 10, U.S. Code**

**Encl: (1) MMART Composition and Staff**  
**Requirements**  
**(2) MMART Supply Blocks**  
**(3) MMART Message Request**

**1. Purpose.** To issue basic policy for the Mobile Medical Augmentation Readiness Team (MMART) Program. Reference (a), the MMART Manual, implements program procedures. This instruction is a complete revision and must be read in its entirety.

**2. Cancellation.** OPNAVINST 6440.1A.

**3. Background**

**a.** Doctrine in references (b) and (c) state the mission of the MMART Program as providing rapid, short-term, medical augmentation for domestic emergencies, not covered by the Fleet Commanders' in Chief (FLTCINCs) Fleet Surgical Teams (FSTs), and outside continental United States (OCONUS) naval hospitals' contingency response teams (CRTs). The MMART Program includes teams of medical and dental personnel with supporting medical materiel

organized to meet specific mission requirements. MMART assets may augment:

(1) Fleet and Fleet Marine Force (FMF) deployments (not exercises).

(2) Shore-based medical treatment facilities in the event of a sudden influx of patients following a domestic emergency.

(3) Disaster relief missions.

**b.** Medical materiel blocks (MMART blocks) deploy with the teams to meet mission demands. Enclosures (1) and (2) list the MMART team and MMART block composition, respectively.

**4. Definitions.** The following definitions apply:

**a. Requesting Command.** The organization or activity which originates the requirement for MMART support.

**b. Supported Command.** The organization or activity which receives and supports the functions of MMART personnel and/or MMART blocks. The requesting command and supported command may be different.

**c. Supporting Command.** The medical activity (usually a naval hospital) responsible for manning and maintaining readiness of an MMART.

**d. Operational Control.** The authority delegated to a commander to direct forces assigned so the commander may accomplish specific missions or tasks usually limited by function, time, or location; to deploy units concerned; and to retain or assign tactical control of those units. It does not include authority to assign separate employment of



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components of the units, administrative or logistic control.

**e. Administrative Control.** Direction of authority over subordinate or other organizations in respect to administrative matters, including personnel management, supply services, and other matters not included in the operational missions of the subordinate or other organizations.

## 5. Policy

**a.** Maintain MMART assets continuously in a state of readiness to perform their mission.

**b.** Forward requests for MMART support to the Chief of Naval Operations (CNO) via the operational chain of command.

**c.** MMART deployments are temporary additional duty (TAD) and limited to less than 180 days as stated in reference (d). The requesting command should submit a manpower change request (OPNAV 1000/4A) for permanent duty personnel if support is in excess of 180 days as delineated in reference (e).

**d.** Upon declaration of a national emergency or general/partial mobilization in support of an Operation Plan (OPLAN) execution, the MMART Program (except for the preventive medicine teams) will be disestablished and its assets assimilated within the Medical Personnel Unit Augmentation System (MPUAS).

**e.** Reference (f) prohibits the assignment of females to ships and FMF activities which can reasonably be expected to participate in combat missions. In keeping with this policy, male members compose MMARTs. Sponsoring commanding officers may assign females as alternates to specialty teams designated to support a disaster or noncombat mission.

**f.** Operational control of MMARTs, MMART blocks, and administrative control of MMARTs resides with the commanding officer of the receiving command, unless otherwise directed by the requesting command or higher authority.

**g.** MMART supply blocks support only the mission and functions of the MMART teams. MMART block items are not for routine supply augmentation to Fleet or FMF authorized medical allowance lists (AMALS).

**h.** Cognizant fleet commanders shall fund replacement of consumed or unreturned MMART block materials used during an execution of a major operational plan. Bureau of Medicine and Surgery (BUMED), under OP-093 resource sponsorship, fund the routine maintenance and replacement of MMART block items, including those items expended during peacetime contingencies.

**i.** The MMART team leader submits a Post-Deployment Critique (PDC) through his operational chain of command to Chief, BUMED. Paragraph 7b(1) provides guidance in completing the report.

## 6. Responsibilities

### **a. Chief of Naval Operations, (OP-093) (Surgeon General)**

(1) Serves as the resource sponsor and establishes policy for the MMART Program.

(2) Reviews, validates, and approves or disapproves requests for MMART support.

(3) Directs Chief, BUMED to provide MMART assets in support of validated requirements.

### **b. Chief, Bureau of Medicine and Surgery**

(1) Serves as the major claimant, and centrally manages the MMART program.

(2) Tasks supporting commands to provide MMART support as directed by OP-932.

(3) Maintains MMARTs in a state of operational readiness. This includes maintenance of one surgical team on each coast on a 48-hour alert status.

(4) Ensures MMART team leaders forward a PDC. Reviews the PDC and disseminates information provided in critiques to appropriate commands.

(5) Ensures MMART blocks are sufficient in numbers and composition to support MMART missions and tasks the appropriate command to:

(a) Develop, maintain, and manage MMART AMALS.

(b) Conduct biennial reviews to examine concepts of AMAL employment, evaluates and adjusts AMALs, and publish changes.

(c) Plan, program, and execute MMART block maintenance and replenishment.

(6) Maintains an up-to-date MMART manual delineating program management guidance, training requirements, and reporting criteria for BUMED activities with MMART assets.

**c. Fleet Commanders in Chief**

(1) Implement the MMART Program in subordinate commands identified by BUMED per reference (a).

(2) Endorse and coordinate MMART requests with OP-932 to maximize the use of available assets.

(3) Ensure clear definition of operational and administrative chains of command for MMARTs.

(4) Ensure subordinate commands endorse and forward the PDC.

(5) Ensure subordinate commands will respond to recommendations identified in the PDC. Forward recommendation for improvements to the MMART Program via the operational chain of command to BUMED (MED-27), with a copy to CNO (OP-932).

**d. Requesting Command**

(1) Requests MMART assistance by message to requesting command's immediate senior and operational chain of command. Info all concerned. Enclosure (3) provides the minimum information for the request.

(2) Provides required administrative and logistics support for the MMART team.

**e. Supported Command**

(1) Coordinates movement of MMART personnel and materiel with BUMED and supporting commands.

(2) Provides all administrative support facilities, medical treatment and ancillary support facilities, special clothing, and non-medical equipment necessary for mission accomplishment.

(3) Procures supplies through normal supply channels if an MMART block requires additional medical materials.

(4) Exercises operational control of assigned MMART assets, unless otherwise directed.

**7. Reporting Information.** The management of MMART Program requires five reports. Reference (a) identifies specifics. They are:

**a. Supported Commands.** The MMART Situational Report is a message notification to BUMED of the deployment, return dates, and travel itineraries of an MMART.

**b. Supporting Commands**

(1) The Quarterly MMART Readiness Report provides BUMED with information concerning the current and projected readiness status of each MMART and the Commander Amphibious Task Force Surgeon (CATF). BUMED must receive the report by the 20th working day of each quarter.

(2) The Assumption of Alert Status Report, shall be the same level of classification as the BUMED alert order. Commands shall transmit the report to BUMED within 48 hours of receipt of the alert order. Include information addresses to OP-932, the appropriate echelon 2 line commander, and the appropriate responsible line commander.

c. **Team Leaders.** The Post Deployment Critique initiated by the MMART team leader and senior Medical Department representative of the receiving command contains a narrative summarizing significant medical occurrences during the deployment, team makeup, employment of the team, and issues requiring resolution. Forward the PDC to BUMED via the operational chain of command. Each echelon shall endorse and forward the PDC within 2 weeks of receipt. Commanders within the operational chain of command will take appropriate action to resolve applicable recommendations identified in the PDC. BUMED-27 will respond appropriately to the PDC and apprise OP-932 of significant medical occurrences.

d. **Supporting Commands/NAVMED-LOGCOM.** The MMART Block Status Report, completed by Naval Medical Logistics Command (NAVMEDLOGCOM) provides a monthly report of the readiness status of each block. Activities holding or maintaining blocks shall provide input to NAVMEDLOGCOM by the 5th working day of each month.

8. **Action.** All activities sponsoring or requesting MMART support will comply with the policy and guidance contained in this instruction.

## 9. Forms and Reports

a. OPNAV 1000/4A(12-82) Manpower Authorization Change Request, S/N 0107-LF-010-0022, is available from the Navy Supply System per NAVSUP P2002D.

b. The following reports have been approved by the Chief of Naval Operations for 3 years from the date of this instruction:

(1) OPNAV 6440-1, The Quarterly MMART Readiness Report.

(2) OPNAV 6440-2, The Assumption of Alert Status Report.

(3) OPNAV 6440-3, The Post-Deployment Critique.

(4) OPNAV 6440-4, The MMART Situational Report.

(5) OPNAV 6440-5, The MMART Block Status Report.

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MMART COMPOSITION AND STAFF REQUIREMENTS

SURGICAL TEAM

Surgical Unit

General Surgeon  
Anesthesia Provider  
Perioperative Nurse  
Operating Room Tech (2)  
Advanced Hospital Corpsman

Surgical Support Unit

Medical Officer  
Medical/Surgical Nurse  
General Service Corpsman (4)

Ancillary Support Unit

Medical Technologist  
Advanced Laboratory Tech (2)  
Advanced X-Ray Tech  
Respiratory Therapy Tech  
Pharmacy Tech

MEDICAL REGULATING TEAM

Medical Regulating Officer  
Chief Hospital Corpsman  
General Service Corpsman (3)

PREVENTIVE MEDICINE TEAM

Epidemiologist  
Environmental Health Officer  
Entomologist  
Microbiologist  
Industrial Hygiene Officer  
Basic Laboratory Technician  
Preventive Medicine Tech

SPECIALIST SUPPORT TEAM

Neurosurgeon  
Neurologist  
Orthopedic Surgeon  
Orthopedic Tech  
Otolaryngologist  
Otolaryngology Tech  
Thoracic Surgeon  
Ophthalmologist  
Ocular Tech  
Oral Surgeon  
Basic Dental Tech

SPRINT TEAM

Psychiatrist  
Psychologist  
Psychiatric Nurse  
Psychiatric Tech  
Chaplain  
Social Worker

DISASTER SUPPORT TEAM

Obstetrician  
Pediatrician  
Family Physician  
Family Nurse Practitioner  
Maternal and Child Health Nurse  
Medical/Surgical Nurse (3)  
Ambulatory Care Nurse (2)  
Advanced Hospital Corpsman  
General Service Corpsman (8)

Enclosure (1)

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Total teams: 8 Surgical Teams  
8 Medical Regulating Teams  
4 Preventive Medicine Teams  
2 Specialist Support Teams  
2 Special Psychiatric Rapid Intervention Teams  
2 Disaster Support Teams

The MMARTs may be task organized to meet requirements. In addition, a CATF Surgeon may augment the MMART.

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MMART BLOCKS

Surgical Supply Block (AMAL 003). Contains enough medical materiel to support one operating room and consumables for 100 major cases.

Surgical Resupply Block (AMAL 004). Contains enough medical materiel to resupply a surgical supply block for an additional 100 major cases.

Disaster Augment Block (AMAL 005). Contains enough medical materiel to extend the capabilities of a surgical supply block to care for 250 non-combat casualties, the majority of which will be females and children.

Neurosurgical Supply Block (AMAL 006). Extends the capabilities of the surgical supply block by providing enough medical materiel for 10 major neurosurgical cases.

Orthopedic Augment Block (AMAL 007). Extends the capabilities of the surgical supply block to support both internal and external fixation procedures for 100 orthopedic cases.

Surgical Support Supply Block (AMAL 009). Contains sufficient medical materiel to support 10 intensive care units and to provide post-operative recovery room care for 100 surgical casualties, 30 of which require intensive care.

Head and Neck Trauma Supply Block (AMAL 012). Extends the capability of the surgical supply block by providing enough medical materiel for 30 major head and neck cases.

Enclosure (2)

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Preventive Medicine Blocks (AMAL 021 - 036). Managed and maintained by Navy Environmental Health Center, Norfolk, Virginia.

Basic Field Support Block (AMAL 021). A generic type block containing sufficient materiel to support a four-member preventive medicine team in the field for 30 days.

Environmental Health Block (AMAL 024). Contains materiel for 30 days to analyze water for potability and to perform environmental health surveys.

Epidemiology Block (AMAL 025). Contains materiel for 30 days to conduct disease assessments and surveillance, to establish routine communicable disease control programs and to assist in development of therapeutic regimens for disease threats.

Vector Control Block Modules (AMALs 026 - 036). Eleven block modules, each designed for one aspect of vector control. Refer to reference (a) for a detailed description of each module.



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MMART MESSAGE REQUEST

FM: (REQUESTING COMMAND)

TO: CNO WASHINGTON DC//932//

INFO: (REQUESTING COMMANDS OPERATIONAL CHAIN OF COMMAND)  
CMC WASHINGTON DC//MED// (WHEN APPROPRIATE)  
BUMED WASHINGTON DC//02/27//  
BUPERS WASHINGTON DC//JJJ//  
FMF PAC OR LANT (WHEN APPROPRIATE)  
CJTfME//MED//  
(SUPPORTED COMMAND)  
EPMAC NEW ORLEANS LA//JJJ//  
NAVMEDLOGCOM FT DETRICK MD//02//  
NAVENVIRHLTHCEN NORFOLK VA//02A// (WHEN APPROPRIATE)

UNCLASS//NO6440//

SUBJ: REQUEST FOR MMART SUPPORT

MSGID/GENADMIN/(ETC)//

REF/A/DOC/OPNAVINST 6440.1B//

(OTHER APPLICABLE REFERENCES)

RMKS/

1. PER REF A, REQUEST FOR MMART SUPPORT SUBMITTED.
  - a. The nature of the crisis situation, its current status, relation to potential problems, and objectives of MMART involvement.
  - b. Number and types of teams required.
  - c. Number and types of MMART blocks required.
  - d. Proposed dates and locations of deployment.
  - e. Proposed embarkation and debarkation points for blocks and teams.
  - f. Receiving command.
  - g. Passport and visa requirement.
  - h. Reporting instructions.

Enclosure (3)

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i. Local travel arrangements that the requesting or receiving command will provide.

j. Uniform requirements.

k. Funding information.

2. (STATE OF CONCEPT OF OPERATIONS (CONOPS) FOR MMART).

3. (STATEMENT TO SUPPORTED COMMAND ON MMART PLACEMENT OF ASSETS AND INTEGRATION WITH THE MISSION).

4. (POC)//